B.—WRITE

V. S. No. 1

of infor-

1. PLACE OF DEATH		52)	*	/ .
County Garell			Registration Dist. No.	a4
Village or City leave	No. (If death occ	urred in a horpital or institu	St.,	,
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if o	f foreign birth?yrs	mosds.
2. FULL NAME Jacala Beels	et	If U.S. Veteran spec	ify WAR	
(a) Residence No. (Usual place of		Ward.	If nonresident give city or town	a and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEAT	Н
(11-11-11-11-11-11-11-11-11-11-11-11-11-	RIED, WIDOWED, (write the word)	ATE OF DEATH	March 31s	193(Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marey & Beefre	t 22 gra	I HER BBY	CERTIFY, That latter	nded deceased from
DATE OF BIRTH (month, day, and year) fon 24	4-1847 last s	aw hall alive on V	March 2nd 19	36; death is said
AGE Years Months Days	1 4 4		d above, atm. 'H and related causes of importance	
89 1 8	I INC I I	is follows:	H and related causes or importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		Tob :-	f	
9, Industry or business in which		10 puns	rescoula	
work was done, as SILK MILL, SAW MILL, BANK, etc			The state of the s	
11. Total tire this occupation (month and span	me (years) t in this			
year) occup	pation Age	Contributory Causes of Impo	ortanea ·	
(State or country)	Other			
13. NAME Nat Sknowen				
14. BIRTHPLACE (city or town)		of operation	Date	
15. MAIDEN NAME Wat Striauen			Was there	
16. BIRTHPLACE (city or town) Wat / Lucus (State or country)	en Acciden	nt, suicide, or homicide?	ses (VIOL ENCE) fill in also the follo	
17. INFORMANT Paul Beeket (Address) Recident		did injury occur?	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	i Stale) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ALL ALL Date 3	>2/			
19. UNDERTAKER Alm Winterles			ay related to occupation of deceased	
(Address) War Easill	If so s	specify		10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO STATE OF THE PARTY OF THE PA	25		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RGIN RESERVED

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The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NAY 4 1838	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

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STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH pluods Registration Dist. No. Village or City -(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_\_\_\_yrs,\_\_\_\_\_mos.\_\_\_\_ds. How long in U.S. if of foraign birth? \_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ PHYSICIAN If U. S. Veteran, specify WAR (a) Residence: No Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Rung (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 0 I HEREBY CERTIFY, That I attanded decaased from (or) WIFE of V 19\_\_\_\_\_ to\_\_\_\_ EX certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE If LESS than Yaars Months Days to have occurred on the date stated above, at \_\_\_\_\_\_m stated 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end ralated causas of Importance or .... min. 8. Trede, profession, or particular NO kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... Jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnods OCCUP on 1D. Data deceased last worked at 11. Total time (years) spent in this this occupation (month end that occupetion \_\_\_\_ instructions 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation\_. (Stata or country) carefully What test confirmed diegnosis MOTHER very important. 15. MAIDEN NAME in 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_\_19\_\_\_\_\_ (Stata or country) should be Where did injury occur? ... (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMA -WRITE Mannar of injury CAUSE mation LION Nature of injury. 24. Was diseese or injury In eny way releted to occupetion of deceased? 19. UNDERTAKER (Address) If so, spacify m 20, FILED.

(Yaar)

Date of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) \_\_\_

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis MAN Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RUPPAH Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

BINDING	
FOR	
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should state OCCUPA-1. PLACE OF DEATH Garrett County Village or City Mt. Lake Park. Length of residence in city or town where death occurred 31 PHYSICIANS statement 2. FULL NAME Elizabeth Buckman (a) Residence: No. Mt. PERMANENT RECORD. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, EXACTLY. OR DIVORCED (write the word) White Female Single classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) April certificate. properly 7. AGE Years If LESS than Months Davs stated 88 8. Trade, profession, or particular kind of work done, as SPINNERChurch worker SAWYER, BOOKKEEPER, etc. pe Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... AGE should back it may OCCU 10. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this no so that occupation 12. BIRTHPLACE (city or town) Wilmington. Del (State or country) supplied. in plain terms, Unknown FATHER See 14. BIRTHPLACE (city or town) (State or country) n should be carefully MOTHER Unknown very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). OF DEATH (State or country) Della Moomaw Mrs. Park. Lake (Address) Mt. 18. BURIAL, CREMATION, OR REMOVAL FION is SHOSE emeterypallch. 25. 136 19. UNDERTAKERHET Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH 2964

(131)		11/
	Registration Dist. No.	7 66
Ma	************************************	
f death occurred in a hospital or institu	ution, give its NAME instead of	street and number)
sds. How long in U.S. if		
	, 1	
St.,Ward.		
	If nonresident give city or	
MEDICAL C	ERTIFICATE OF D	EATH
21. DATE OF DEATH	3 07	
Mar	ch 23, (Month) (Day)	, 193 6
	(Month) (Day)	(Year)
22. I HEREB	CERTIFY, That	l attended deceased from
Aug.	195 to Aug.	1935,
l last saw h er alive on	Aug.	. 135 deeth is seld
- I last saw illine all of oli		., 13; deeth is seid
to have occurred on the date stat The PRINCIPAL CAUSE OF DEA	the state of the s	to an analysis of the same
were as follows: Arterioscler	In end related causes of impor	Date of onset
Chronic Glom	. Nephritis	
-		
Other Contributory Causes of imp	ortance:	
37.		
Name of operation None		Date of
What test confirmed diagnosis?	None was	s there an a Nosy?
23. If deeth was due to external ca	uses (VIOLENCE) fill in elso th	e following:
Accident, sulcide, or homicide?		
Where did Injury occur?		
Specify whether injury occurred	(Specify city or town, cour	nty and State)
Specify whether injury occurred	n INDUSTRY, In HOME, or in I	PUBLIC PLACE.
Manner of injury		
Nature of injury		
24. Was disease or injury in eny	way related to occupation of de	ceased? NO
If so, specify		
I AIDI.	1 Humlastu	14 0 45
(Signed)	11000	An d
(Address) (Address)	puncha.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 8 1930	July 5,1927	Perilonitis	3 days ago
FURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

1. PLACE OF, DEATH  County  Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH	)
Village or City	1. PLACE OF, DEATH		
Village or City	County Farritt	Registration Dist No. / (a /	
Langth of residence in city or town where death occurred by 175. mos.  1. How long in U. S. If of foreign birth?  2. FULL NAME    Conversion of the control	014: 000		
Langth of residence in city or town where death occurred of the control of the co			
(a) Residence: No.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  White of Usualplace of abode)  OR DIVORCED (comity he word)  OR DIVORCED (comity he word)  T. AGE  Years  Months  Days  If LESS than (or) Wife of or digbrace of word, and year)  AGE  Years  Months  Days  If LESS than 1 last saws  It less than 1	4/-		ds.
(a) Residence: No.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  White of Usualplace of abode)  OR DIVORCED (comity he word)  OR DIVORCED (comity he word)  T. AGE  Years  Months  Days  If LESS than (or) Wife of or digbrace of word, and year)  AGE  Years  Months  Days  If LESS than 1 last saws  It less than 1	2. FILL NAME Hilliam marshall B	inouss!	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  While of Light of Li		1	
3. SEX HALL COLOR OR RACE OR DIVORCED (with the word) OR DIVORCED (with the word) Color of the word of	(Usual place of abode)		
So. If married, widows, or dispraced with the word of the process	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
53. If married, widows, or diproced HUSBAND of Cory WIFE		21. DATE OF DEATH	
50. If HEREBY CERTIFY, That I stiended deceased from  133 to 135		march 14 m 1934	
1. DATE OF BIRTH (month, day, and year) March 20th 863  7. AGE Years Months Days If LESS than 72 II as sawd to have out of on the Bate stated above, at 11 2 4 1 day, hrs. of min.  2. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SPINNER. Young the work was done, as SILK MILL, BANKEPER, etc. SAW MILL, BANK, etc.  2. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SILK MILL, BANK, etc.  3. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SILK MILL, BANK, etc.  3. Trade, profession, or particular were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant to have an under the past foliant to have an under the past foliant to have the as foliant were as foliant to have an under the past foliant to have an under the		(Month) (Day) (Ye	ar)
1. DATE OF BIRTH (month, day, and year) March 20th 863  7. AGE Years Months Days If LESS than 72 II as sawd to have out of on the Bate stated above, at 11 2 4 1 day, hrs. of min.  2. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SPINNER. Young the work was done, as SILK MILL, BANKEPER, etc. SAW MILL, BANK, etc.  2. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SILK MILL, BANK, etc.  3. Trade, profession, or particular kind of work done, as SPINNER. Young the work was done, as SILK MILL, BANK, etc.  3. Trade, profession, or particular were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant were as foliant to have an under the past foliant to have an under the past foliant to have an under the past foliant to have the as foliant were as foliant to have an under the past foliant to have an under the	HUSBAND of Viction Burges	22. I HEREBY CERTIFY, That I attended decease	d from
7. AGE Years Months Days If LESS than 1 day		January 1935 to march 19	36.
7. AGE Years Months Days If LESS than 1 day	6. DATE OF BIRTH (month, day, and year) Franch 2041863		is said
8. Trade, profession, or particular kind of work done as SPINNER, SAWER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, BLACK & Frynlands and work was done, as SILK MILL, BLAK & Frynlands and work was done, as SILK MILL, BLAK, etc.  10. Date deceased last worked at this occupation (mpnth and gas) spent in this occupation (State or country) was spent in this occupation.  12. BIRTHPLACE (city or town) (State or country) What Wight Windows (State or country) What Wight What test confirmed diagnosis? Was there an autopsy? The What test confirmed diagnosis? Was there an autopsy? The What test confirmed diagnosis? Date of Injury 19.  13. Informant What City or town) (State or country) What was due to external causes (VIOLENCE) fill in also the following:  14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? The What test confirmed diagnosis? Date of Injury 19.  15. MAIOEN NAME City or town) (State or country) What was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (State or country) What was due to external causes (VIOLENCE) fill in also the following:  17. INFORMANT White Burning (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place of Injury 19.  Namner of Injury Nature of Inj	7. AGE Years Months Days If LESS than	to have decured on the date stated above, at 1/43 Pm.	
8. Trade, profession, or particular kind of work done as SPINNER, Sunder Indiana September 1930  8. Name of the particular specific or town (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Aurious Burgus  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Alignation Phonus (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURTHPLACE (city or town)  (State or country)  18. BURTHPLACE (city or town)  (State or country)  19. Manuel of operation.  Date of  Was there an au'opsy? How the state of country of the state o		ware as fallows	
9. Industry or business in which work was done, as SILK MILL, Black & April Reviews 10. Date deceased last worked at this occupation (mpnth and 1975) spent in this spent in this spent in this occupation (mpnth and 1975) spent in this spent		Date	
3. Industry or business in which was done as SILK MILL, Slack & Fragulation and work was done as SILK MILL, BANK, etc.   11. Total tima (years)   12. BIRTHPLACE (city or town)   23   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, GDEMATION, OR REMOVAL   19. Manner of Injury   19. Manner			
12. BIRTHPLACE (city or town) (State or country)  13. NAME Particles (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Plays the following:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place Practice  19. Manner of injury  Namer of injury  Manner of injury  Manner of injury  Manner of injury  Manner of injury  Namer of injury  Manner of injury  Namer of injury  Manner of injury  Namer of injury  Namer of injury  Manner of injury  Namer of injury  Nature of injury	A Do. Industry or business in which Black X From learner		
this occupation (month and 1935 occupation is some occupation occu			.2
Other Contributory  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an au'opsy?  What test confirmed diagnosis?  Other Contributory  Native of Injury  Other Contributory  Oth			
13. NAME   Harrison Burys   14. BIRTHPLACE (city or town)   15. MAIOEN NAME   15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. Manner of Injury   Name of operation   19. Manner of Injury   Nature of Injury   N	year) manual occupation occupation	Other Contributory Causes of importance:	
13. NAME Harrison Burys  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Clinable Thomas  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place African Assistance  19. Name of operation What test confirmed diagnosis? Was there an au'opsy? **CO  What test confirmed diagnosis?  Was there an au'opsy? **CO  What test confirmed diagnosis?  Was there an au'opsy? **CO  What test confirmed diagnosis?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of Injury	12. BIRTHPLACE (city or town)		gre
14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME Clinystiff Thomas  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, OPEMATION, OR REMOVAL Place Africal Association  19. Name of operation What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury	(State or country) West Virginia		
What test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? W	13. NAME Harrison Burress		
What test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? Was there an autopsy? To the test confirmed diagnosis? W	14. BIRTHPLACE (city or town)	Name of operation	
15. MAIOEN NAME Clinystiff Thomas  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT uclin Burner  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Advised State	(State or country) maryland	What test confirmed diagnosis? Was there an autopsy?	no
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Control of Country State Country  (Address)  Manner of Injury  Nature of Injury		23. If death was due to external causes (VIOLENCE) fill in also the following:	
Where did injury occur?  17. INFORMANT ulia Bures  (Address) Foliaborill Manner of Injury  Place Foliaborill Date  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury	I DIDTUDIACE (aith or town)		
Specify city or town, county and State)  17. INFORMANT Selica Burnes Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Free Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of Injury Nature of Injury  Nature of Injury  Nature of Injury	(State or country) Maryland		
18. BURIAL, CREMATION, OR REMOVAL Place Office Astrolle Date 3/16, 1936  Manner of Injury Nature of Injury	Velia Biliness	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL  Place Africa Asir Like Date 3/16, 1936  Manner of Injury  Nature of Injury		opensy whether injury occurred in the sorter, in frome, or in reduction Exper.	
Place of True of Injury  Nature of Injury		Manner of Injury	
21 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Place Strice Asurlle Date 7/6, 1936		
19. UNDERTAKER At A Compation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	2018		~
(Address) Angeles almost least 7110. It so specify Of			
(Address) There expressed 1774 If so, specify (Signed) XI Quarous M.D.	(Audiess) Piller entrant III	VVIOIIIIAAAII	
20. FILED man 14, 1936 Seammelle Staller (Signed) Trendsville And			IM. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were a	and a second	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	COLIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PLAINTY,

V. S. No. 1 m OCCUPA-

Jo

Exact statement

properly classified.

be

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

			•	-	-	
-(93-C)	,				,/	1
	Registration	Diet	No. 17	/	6	6
	negistration	DISC.	MD(			2.

1. PLACE OF DEATH			- (93-c) ///	
County Garrett			Registration Dist. No. 7 / 6 Q	
Village or City Mt. Lake	Park, M	ld.	NoSt.,Ward	
		(If	death occurred in a hospitalor institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Lillie M	Matilda	Cuppett	***************************************	
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE MATTIE	RRIED, WIDOWED,	21. DATE OF DEATH  March  (Month)  (Day)  (Yaar)	
5a. If married, widowad, or divorced HUSBANG of Upton Cuppe	tt		22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Ja	n. 19.	1885	Hast saw her alive on Fet, 193 Greath Is sal	
7. AGE Years   Months	Days	If LESS than	to have occurred on the date stated above, et5:20_mP . M .	
51 1	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation from the same time (years) spent in this second in the second i			Chrone //ejo corders	
year) March 193	35 sp	time (years) ent in this 5 yrs cupation 15 yrs	Other Contributory Causes of Importança:	
12. BIRTHPLACE (city or town) Deer Pa (State or country) Garrett	co., M	l. Id.	Certerjo Selexano year	
13. NAME Andrew C. Wil			Hyperbullace	
13. NAME Andrew C. Will 14. BIRTHPLACE (city or town) Frost (State or country) Allege	burg, gheny Co	)., Md.	Neme of operation 2 Majorita Date of Majorita Was there en eulopsy?	
15. MAIDEN NAMEMartha S.	Barger		23. If death was dua to externel causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAMEMartha S. Barger  16. BIRTHPLACE (city or town) Frostburg. (Stata or country) Allegheny Co., Md.			Accident, suicide, or homicide?	
17. INFORMANT Miss Coral McRoby (Address) Mt. Lake Park, Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CAEMATION, OR REMOVAL Place Deer Park Cemetary March 9, 19 36			Manner of injury	
19. UNDERTAKER Herbert C. (Address) Oakland, Mc		)n	24. Was disease or injury In any way related to occupetion of deceased?	

Tf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	¥	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 8 1000	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	18			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Y, WIT	carefull	H in p	ortant.
AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	vimnortant. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	——— (B)
County Harrett	Registration Dist. No. 69
Village or City Deer Parke	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred .5_O_yrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Saroh Cathern A	arveystu. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Temale white Widowed	21. DATE OF DEATH  May 2 , 193 6  (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of Gory WIFE of James L. Harvey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man. 14 186	I last saw h. A. alive on Munch 2 , 19 %; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
83 H 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Inlective Interpretation
work was done, as SILK MILL,	artenoschasia 3
10. Date deceased last worked at this occupation (month and year)	Chrowe repliettes ?
12. BIRTHPLACE (city or town) Dakland (State or country) marchand	Other Contributory Cannots of importance:
# 13. NAME John George Steerer	
13. NAME John Dange Steeper  14. BIRTHPLACE (city or town). Fra Storing  (State or country)	Name of operation
E 15. MAIDEN NAME Brown -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town). Reedswelle.  (State or country)	Accident, suicide, or homicide? Date of injury,19
17. INFORMANT GLANGE Harvey (Address) Lien H. M.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 JURIAL CREMATION OF REMODERLY Place Delv Park, Med Date Mar, 4, 19 36	Manner of Injury
19. UNDERTAKER Offig 7. Sharpless	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/3 193.6 MM Coll Use Registrary	(Signed) Augustus M. D.  (Address) Dattland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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Example I		Example II	150
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 9 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	2000
County Havet	Registration Dist, No. /64
Village or City Tocyclush	No. St Ward
Length of residence in city or town where deeth occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	.mosds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	neuve x
(Vaual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOW ON RACE OR DIVORCED (write-the word) 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write-the word) 5. If married, widowed, or divorced	21. DATE OF DEATH March 20 1934 (Yeer)
HUSBAND OF Minuse & Janks	W 22. AREBERY CERTIFY, That lattended decrased from 31d, 1934, to March 20th, 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oevs If LESS tha	I last saw hell alive on March 18th, 1936; death is seld
[ ] ( 1 day,	to mare occurred on the date stated above, at 1 ac 3 = = - III.
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc	Onetral Tourneling 3/11/51
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7.430
10. Oate deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Harendsville Ma	Other Contributory Causes of Importance:
13. NAME / Med Jana ins	Mury chrosis 1734.
13. NAME / LANGE / LAN	Name of operation. Date of
(State of country)	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Martha Sovage	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Martha Sovage 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tarold Fallings (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury _ C
Plece 17 Coldelle Oat Manual 193	Nature of injury
19. UNDERTAKER / Superior State Stat	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mais 251936 A Registrar.	(Signed) (Address) (Address) (Address) (Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of endepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1333	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLA

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	AI	ld b	DE	TION'is very important. See instructions on back of certificate.
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	TE	n s	SE	S
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County garrett	Registration Dist. No. 168
Village or City District # 9	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dealn occurred in a norphial or institution, give its NAIVIE instead or street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Calvert Xlink	
(a) Residence: No. Jarrett County	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Warred	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY. That I attanded dacagsed from
(or) WIFE of Wellie Ersler Klink	8000 ,1936, 10 kumb 5, 1936
6. DATE OF BIRTH (month, day, and yaar) Nov 4, 1902	I last saw ham alive on 2 3 , 1926; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at # Sel.m.
33 4 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca ware as follows:
R Trade, profassion, or particular kind of work dona, as SPINNER.	Indoendel.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which	nishal Granffun
work was done, as SILK MILL, Clay Mules, SAW MILL, BANK, atc.	8-11-1-0
10 Date dacaased last worked at this occupation (month and spent in this	t' Chonic Duran
year) 2 - 19.3 - occupation 8 40	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) garrett Country	College Contributory Causes of Imparamete.
(State or country)	and annous
13. NAME albert Klink	
14. BIRTHPLACE (city or town) Soulisbury	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anne Twengood	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Down .	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT albert fluid and (Address) (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Johnsons Cenelempate 44ar 8, 1936	Nature of injury
19. UNDERTAKER Jacob Stafen	24. Was disease or injury in any way related to occupation of deceased?
(Address) of troutlend the	If so, spacify
20. FILED March 1, 1926 Shamas Crowl	(Signed) M. D.  (Addrass) 4/ 2 Co lease to
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		30 - 40 30	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------



V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(NO-E)		
County Garrett	Registration Dist. No.		
Village or City 40 maningw. 10.	No. St. Ward		
(lif	death occurred in a hospital or institution, give its NAME instead of street and number)		
h ! !!!			
2. FULL NAME Down Commo Kne	If U.S. Veteran specify WAR.		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Musch 2 nd., 193 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from		
6. DATE OF BIRTH (month, day, end year) Feb. 21, 1936	I last saw h. A.1 alive on All 2 + 4 19.76 : death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
/ O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:  Date of on  Date of on		
9. Industry or business in which work was done, as SILK MILL,	Sulting from injury at birth. On also		
SAW MILL, BANK, etc.	d		
O 10. Date deceasad last worked et this occupation (month and year)			
12. BIRTHPLACE (city or town) Alomania wine (State or country) and Leavelt.	Other Contributory Causes of Importance:		
I 13. NAME Loud Knahh			
13. NAME Toy Toy Town 14. BIRTHPLACE (city or town) (State or country)	Name of operation		
15. MAIDEN NAME WILLIAM Pilas	What test confirmed diagnosis?		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
17. INFORMANT Aloys Knoffs. (Address) Bayard 28.35	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Date VILLE 1, 1936	Neture of injury		
19. UNDERTAKER S' W Miles (Address) Saurand W.Va	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED March 3, 1936. Virginia M., Harves	(Signed) J. J. M. D. M.		
If more branks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH				Registration Dist. No	164
Village or City Ha	cidal	RFIA	3 mod	No.  death occurred in a hospital or institution, give its NAME instead of st	St. Ward
Length of rasidenca in pity o	r town whera dea	th occurred		ds. How long in U.S. If of foralgn birth?yrs	
2. FULL NAME	ances	7. L	nax		
(a) Residence: No.				St., Ward.	
		(Usual place		If nonresident give city or	
PERSONAL AND				MEDICAL CERTIFICATE OF DE	ATH
male Who	Le S		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)	, 193 <b>6</b> (Yaar)
a. If marriad, widowed, or divorced HUSBAND of	Dun	000	l. Nand		1000
(or) WIFE of	elowe	2		22. I HEREBY CERTIFY, That I	
		man	2. 1865		, 1936 ; death is sa
5. DATE OF BIRTH (month, day, an	Months	Days	If LESS than	to have occurred on the data stated abova, et	, 19999; death is sa
7 /	10	//	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	ance
8. Trada, profession, or partic			ormin.	Holmonies mucantita	Date of onse
kind of work done, as S SAWYER, BOOKKEEPER	SPINNER, Atc.	isme	5/	proceeding decentration	193
9. Industry or business in wh work was done, as SILM SAW MILL, BANK, etc	ich MILL.				
10. Data deceased last workad this occupation (month year)	at and	sp	tima (yaars) ent In this cupation		
	1-			Other Contributory Causes of importance:	7-1:0
(State or country)	Allo	1		Arterioselerosis	tel 19
13. NAME John	1/9	horse		neuritio	ma 192
14. BIRTHPLACE (city or town)		1	0	Name of operation	Date of
14. BIRTHPLACE (city or town) (State or country)		Me	X.	What test confirmed diagnosis? Was	
15. MAIDEN NAME	Box	vma	n	23. if death was due to axternal causes (VIOL ENCE) fill in also the	
16. BIRTHPLACE (city or town)			0	Accident, suicide, or homicida? Data of Injur	
(Stata or country)		op	20	Where did injury occur?	
(Address)	There	1-M	2	(Specify city or town, count Specify whether injury occurred in INDUSTRY, In HOME, or in PU	y and State) JBLIC PLACE.
18. BURIAL, CREMATION, OR REM	OVAL	m	RS 15, 1936	Manner of injury	
Place// Programment	and the	Date	9 10,19.4.6	Nature of injury	
19. UNDERTAKER WM	nanh	celle	esq	24. Was disease or injury in any way related to occupation of dece	ased? No
20, FILED Mars CH 193	1/11	Ruch	less	(Signed) II. Quedroce	М.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 APR 4 1000	18		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Guisioneo (anos)	May 1,10×0		

PHYSICIANS should state

of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2972
1. PLACE OF DEATH	130
County Ganeth	Registration Dist. No. 167
Village or City Mean Gurtner	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blrth?mosds.
2. FULL NAME Marn Elis a Lee	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Thite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND (Day) (Year)
5a. If married, widowed or divorced HUSBAND-of (or) WIFE of Georful	2271 I HEREBY CERTIFY, That I attended deceased from
m 101817	March 5 ,1936, to March 7 ,1936
6. DATE OF BIRTH (month, dáy, and year) / COST / C/O / 7. AGE Years Months Days If LESS than	I last saw heralive on/Manch
68 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER Patiend House Reufer SAWYER, BDOKKEPPER, etc.	Quisicular l'ibrillation Des of up
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronio Nephritis 5 40s.
10. Date deceased last worked at this occupation (month and year) occupation occupation	Hemiplegia (right)
12. BIRTHPLACE (city or town) Sormania jy	Dither Coutributory Causes of importance:
13. NAME / Hom as Morel and.	
14. BIRTHPLACE (city or town) Buckhamon (State or country)	Name of operation Date of What test confirmed diagnosis? China and Was there an autopsy? Management of the confirmed diagnosis?
15. MAIDEN NAME Horothis White	What test confirmed diagnosis? Was there an autopsy? 123. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Roy Lee (Address) Colland R +1 7 HM	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Te & Ganne Clary Date Mars 9, 1936	Manner of Injury
19. UNDERTAKER J. J. Sahrok 11. Jan. 19. UNDERTAKER J. J. J. Sahrok 11. Jan. 19. UNDERTAKER J. J. J. Sahrok 11. Jan. 19. UNDERTAKER J. J. J. Sahrok 11. J. Sahrok	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED 3 - 9 Go 36 Elmer C Shaffer	(Signed) Farald ( Miller M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	اللــــــــــــــــــــــــــــــــــــ		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

# CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (new whatever, write None. state occupation at beginning of illuc. If retired from or given up on account of the DISECUS CAUSING DEATH, Housemaid, etc. gaged in domestic service for wager as Scrount, Cook, to report specifically the occ pations of persons enployed, as At "chool or Al home. Care should be taken definite velacy), may be entered at Housewife, House. household only (not paid Howekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Call mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. pinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, enpation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. For many occupations a single word or term on v yrs.). For persons who have no occupation 01. without more precise specification as Day at Mome, and children, not gainfully em-If the occupation has been changed As examples: (a) The material But in many Crocery;

Statement of tause of Death—Name, first, the bisase causing neath (the primary affective with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospidal fever (the only definite synonym is "Epil mic carebrospinal meningitis"); Diphili via (avoid is of Croup"); Typhoid fever (never report "Typhoid intemmenta")." Lebar pneumonia, Bronchopneumonia ("Pneumonia.")

thences (e. g., sepsis, tetanus) may be stated under the the dof "contributory." (R. commendations on state-Nymenclature of the American Medical Association.) ·mout of cause of death approved by Ture as probably such, if impossible to determine definitely and qualify as ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weakhoss." etc., when a definite disease "Dropsy." "Exhaustich." "Heart failure." "Haemor-rhage." "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrephy," "Collapse," "Coma," "Conconditions, such as "Athenia," "Amacmia" causing death), 29 ds.; Brouchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Curcinoma, Sarcoma, etc., of State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," ary), 10 ds. Never report more symptoms or terminal ...... (name origin; "Cancer" is less definite; avoid Poisoned by curbolic acia-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: vulsions." "Debility" (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; of the injury, as fracture of skull, and conse-FOR VICIENT MATTIES STATE MINANS OF INJURI Accidental drowning; Struck by railway Chronic valvular heart disease; ("Congenital," "Senile," etc.), Example: Meastes etc. The contributory Always qualify all Committee (second-(disease (merely not be etc.

The this certificate is lacked over thoroughly and all quesvision answered in detail, it will prevent further correspondince. All the data is essential and must be obtained before the certificate is permanently filed.

A te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	(9) × 1/3
should of OCC	County	Registration Dist. No. / C
item shot of O	Village or City	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
nt NS ii	TO TAX THE PROPERTY OF THE PRO	How long in U.S. if of foreign birth?mosd
Every CIANS ement	2. FULL NAME VO TONS	
Every YSICIANS statement	(a) Residence: No.	Şt., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECC. PH	3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
h	QR DIVORCED (write the word)	(Month) (Day) (Year)
SINDING ERMANENT E X A C T L Y classified.	5a. If married, widowed, or divorced HUSBAND of	
BINDIN FERMANE EXACT y classifie	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
BIN EX EX y cl	6. DATE OF BIRTH (month, day, and year)	I last saw h allve on
H - 8	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
FOR IS A stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance well as follows:
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	The state of the s
RESERVED G INK—THIS GE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL,	
SERV INK-T should it may on back	SAW MILL, BANK, etc	
RES IN AGE that that	this occupation (month and spant in this occupation occupation	
N R DING	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
AI AI S.	(State or country)	
	HE 13. NAME CONTRACTOR	
Se in Si	4 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of
1111111	15. MAIDEN NAME CANALLY	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:
LATH in I	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
INT, be call EATH import	∑ (State or country)	Where did injury occur?(Specify city or town, county and State)
Y D D A	17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address)  18. BURIAL, CREMATION OR REMDVAL	Manner of injury
Fissi	Place Thomas 1/4. Date Mar, 16, 1936	Manner of Injury
O S E S	19. UNDERTAKER A Duncan	24. Was disease or injury In any way related to occupation of deceased?
No. 1	(Address) Thomas, W. a.	If so, specify
vi .	20 EUR Mar 14 318 Emin Catalia	(Signed) M.

Registrar.

(Address) ...

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
ATH					

1. PLACE OF DEATH		
County Garrette Co.	Registration Dist. No.	
Village or City of its miller and	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)	ord
Length of residence in city or town whera death occurred 32 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If u. S. Veteran, specify WAR.  St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9, 193 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of  Fundamental Transferred  The state of the state	22. Sept. 28 195 CERTIFY. Thet, I attended daceased from 195	om
6. DATE OF BIRTH (month, day, end year) Mary 18 18 56	I last saw have alive on 3-8-36, 19; death is s	aid
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 1:30 km.	
77 9 0rmin.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance wara as follows:	sot
Rande, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chronic Nephritis 9-20-	25
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last worked at this occupation (month and year)	Gostin Men Uncorts	12.
12. BIRTHPLACE (city or town) Fredrick Co.  (State or country)	Dither Contributory Causes of importance:  Myocardies unsettives	L.
III 13. NAME TO SEE AS SKELLE TO THE TOTAL	Serry 12-1-	19
14. BIRTHPLACE (city or town) (State or country)	Nama of operation	
15. MAIDEN NAME Mary Cum Turner	23. If death was dua to external causas (VIDL ENCE) fill in also the following:	
15. MAIDEN NAME Mary Cum Jumes  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Watter Traple (Address)	(Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place principle Court Date 3/12 , 136	Mennar of injury	
19. UNDERTAKER Other T. Sampless (Address) Blaine Wa.	24. Wes disease or injury in any wey related to occupation of daceased?	
20. FILED 3/1/ , 136 a & Barick Registrat.	(Signed) Blains M. M.	. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis VAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Construction of the control of the c			
Other contributory causes of importance:	- Jani	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Garett	Registration Dist. No. / 62
Village or City ysoutsulle BD	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
or	
2. FULL NAME Andrick Juin Gtl	2 If U.S. Veteran apecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Marginer Ollo	22. I HEREBY CERTIFY, That I attended deceased from  March 5, 1936, to March 10, 1936
6. DATE OF BIRTH (month, day, and year) Charch 9-1872	I last saw h_i_m_ alive on March 10,,19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 4 m.
6 H / 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trada, piofession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Pernicious Anemia (4hb chat 15) Source
9. Industry or business in which work was done, as SILK MILL,	Congestive Beart Leilura. ago!
10. Date deceased last worked et   11. Total time (years)	most probable cause: Pernicione anemia, with
this occupation (month and year)	remissions extending over a period of five years and
de d	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Chloria Glomekulo - Mephretai 3 dura
13. NAME To addict Otto	No signs over a constone of any cancerous conditions.
14. BIRTHPLACE (city or town)	Name of operation No. 72. Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marey Surger	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Meel Ollo (Address) you takele and	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colon Germany Date May 12, 1926	Nature of injury
19. UNDERTAKER Allm Almtuberg	24. Was disease or injury in any way related to occupation of deceased? No
20. FILEO MAN 11., 19.36 624 Differen.	(Signed) May of offer M. D.  (Address) Frankfulle, M. Rew Germann C.

V. S. No. 1

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial neghritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAI

V. S. No. 1 m TON is very important. See instructions on back of certificate.

9053

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH	010
1. PLACE OF DEATH		93-c) X	
County Garrett	**	Registration Dist. No. 8	69
Village or City R. D. Deer	Park, Md.	NoSt.,	Ward
Length of residence in city or town where death	occurred 80 yrsn	(If death occurred in a hospital or institution, give its NAME instead of street and r	iumber)
2. FULL NAME Columbus L			
(a) Residence: No. R. D. Dee	r Park	St., Ward.	
(Usual place of abode)		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE   5 SINCLE MARRIED WIDOWED		MEDICAL CERTIFICATE OF DEATH	
Male  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		21. DATE OF DEATH  March 10,  (Month) (Day)	, 193_6
5a. If married, widowed, or divorced HUSBAND of Mary Lucinda Paugh (or) WIFE of Mary Lucinda		22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) Dec.	22. 1853	I last saw here alive on Mor 9th 1936	: death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 11:30 mA. M.	
82 2	17   1 day,hr	were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Far. SAWYER, BOOKKEEPER, etc.	mer	Mrane My vacoroletos	
Industry or business in which	IIOI	Voystelis	
work was done, as SILK MILL, SAW MILL, BANK, etc Far	1		
10. Date deceased last worked at this occupation (months and 5 year)	11. Total time (years) spent in this 75	r	
R. D. De		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) R. D. De (State or country) Garrett	Co., Md.	Grostatate Chrone	
13. NAME James Edward Par	ugh		
13. NAME James Edward Par		Name of operation	
(State of country) Galleon		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Isabel Enloy	W	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME Isabel Enlow 16. BIRTHPLACE (city or town). (State or country) Garrett Co., Md.		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Boyd Paugh (Address) R. D. Deer Pa	rk. Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, AR BENOVAK Place Oakland Cemetery,	VA CONTRACTOR	Manner of Injury	
19. UNDERTAKER Herbert C. Lei (Address) Oakland, Md.	ghton	24. Was disease or injury In any way related to occupation of deceased?	
	a Rowan Registrar.	(Signed) M. Herebosey (MA)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1. 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR	1921	Run over by street car °	1 week ago
Cerebral hemorrhage   DISPAIL V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Example I				Example II	
The principal cause of importance were a	of death and related causes as follows:	Date o	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BUREAU V. S.	119	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		119	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927		Peritonitis	3 days ago
Other contributory	eauses of importance:			Other contributory causes of importance:	
Gallstones		May	1,1923	Gastroenteritis	1 year

I wor with the girl from 2Am 0 SAM 20-15	10
and min Friend on midning delivered the child	To
2:00 PM. on 2-10-36 to in From want her right	and
you may mil the to ten and did not dellies	W
Thild that allerted the miles before child was to	-
Mahnom.	2/

STATE OF MARYLAND—CERTIFICATE OF DEATH

I PLACE OF DEATH		(85)
County Garret	t	Registration Dist. No. 166
Village or City Grellin,	(1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Lucin		sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Crel		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH March 30, 193 6 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of DAWERITE OF Branso	n Simmons.	22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1936, March 30, 1936
6. DATE OF BIRTH (month, day, end yaar) M3 7. AGE Years Months 24	rch 19, 1912  Deys   If LESS than   1 day,hrs. ormin.	I last saw h.e.r. alive on March 29
8. Trede, profassion, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ot employed  11. Total time (years) spent in this occupetion	Opr-on 12/23/35 Memorial Hospital Cumberland, Md. abcess right broad legament, incision remained open. destructiveness of abcess cortinued Non-parteral. Canad by gonomball infection.
12. BIRTHPLACE (city or town) Egglo (State or country)		Other Contributory Causes of importance: Abdominal hemorrhage.  Streptococic.
H 13. NAME Branson Sim  14. BIRTHPLACE (city or town) (State or country)	mons a.	Neme of oparation Date of What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Lilly St 16. BIRTHPLACE (city or town) Mest (State or country)	. Va	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accidant, suicide, or homicide?
17. INFORMANT ROY Simmor (Address) Crellin, Mo		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Eglon, W. Va.	Date 4-1 19 36	Mannar of Injury
19. UNDERTAKER Emory Bolder (Address) Oakland, Mo		24. Was disease or injury in any way related to decupation of deceased?
20. FILED 4-2 , 19 36 JU	ilia Aowan /	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

TION is very important.

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Example I		Example II	
The principal cause of death and related car of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	S. II		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 2980
County Javiett	Registration Dist. No. 166
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  s. , ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended pleceased from
6. DATE OF BIRTH (month, day, and year 1934-1934	lest saw have alive on Mor, 16, 1936; death is sai
7. AC Years Months Days If LESS than	to have occurred on the date stated above, at 3%m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were es follows: Date of onese
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this recursion (month and	Ou de de la
10. Date deceased last worked et this occupation (month end year)  12. BIRTHPLACE (city or town)	Other Coatributory Causes of importence:
(State or country)	
13. NAME deslar & Traces	
13. NAME Veology 2  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there en autopsy?
15. MAIDEN NAME UU Free 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) Oarland Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bray Colmuly Date March 29,1926	Menner of injury
19. UNDERTAKER Emry Boleling (Address) Falling Boleling	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 3/29 ,1936 Julia Royan Julia Royan Julia Royan	(Signed) (Address) (Address) (Address) (Address) (Signed) (M. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

CTATE OF MADVIAND

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	2981
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	ACE OF DEATH			3	,
	unty Larrent	relle	122	Registration Dist. No. 16	
Vill	lage or City Treatment	-200	7.0	ND. St.,St.,St.	Ward
Len	ngth of residence in city or town where	e death occurred		ds. How long in U.S. If of foreign birth?m	
2 5111	LL NAME Stie	00-	Market.		
			voprio Ce	01 11 1	
(a)	Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PE	ERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	le 4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  Month)  (Month)  (Day)	, 193 6 (Year)
5a. If merri	ried, widowed, or divorced			The state of the s	
	WIFE of			22.   HEREBY CERTIFY, That I attended	
C DITT O	P hamber /	march	15.1936	I last saw h alive on 19	
7. AGE	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	-, death is said
_   8. Tre	ede, profession, or particular	1	j otiiiii.	Stelborn	Date of onset
NO	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				
9, Inc	dustry or business in which				
1D. Da	work wes done, as SILK MILL, SAW MILL, BANK, etc				
O ID. Da	te deceased last worked at this occupation (month end	spe	time (yeers) ent in this		
	year)	100 7	upation	Dther Contributory Causes of Importance:	
	PLACE (city or town) Trenda rate er country)	urlle pri	e of the		-
13. NA	AME				
13. NA H 14. BIF	RTHPLACE (city or town)			Name of operation Date of	
F	(State or country)	100		What test confirmed diegnosis? Was there an	autopsy?
15. MA	AIDEN NAME Delora E	Uphol	2 1016	23. If death was due to external causes (VIDLENCE) fill in also the following	
15. MA 16. BII	RTHPLACE (city or town) Friend (State or country)	Spirll	e rud NGD.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFDRN	MANT Severe Wilderess) Thursday	hole me	1-8.1	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
	L, CREMATION, OR REMOVAL			Manner of injury	
Plac	ce White Koch	Date M	av16,1936	Nature of injury	
19. UNDER		٠		24. Was disease or injury in any way related to occupation of deceased?	
	Man 16, 1936	meth	Hatle Registrar.	(Signed) (Address)	nd. M. D.
1			11		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		[G3/13/3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

N. B.

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2		1	1
	1	M	M

Every item of infor-

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Garrette,	Registration Dist. No. 16/
Village or City near Friendsville,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U. S. If of foralgn birth?yrsmosds.
2. FULL NAME John W Wakefield,	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale White 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (unite tha word)	21. DATE OF DEATH Mar 1936
5a. If married, widowad, or divorcad	(Month) (Oay) (Year)
HUSBAND OF Marie Hakefield	22. I HEREBY CERTIFY. That I attended daceased from March 16, 1986, to March 16, 1986
6. DATE OF BIRTH (month, day, and year) Apr 11 1856	I last saw h. Jan aliva on mach 160, 1926; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3 • P • M m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
I rada, profassion, or particular kind of work dona, as SPINNER, Farmer	Date of enset
SAWYER, BOOKKEEPER, atc.  Industry or businass in which work was dona, as SILK MILL,	John Pneumania
SAW MILL, BANK, etc.	(
10. Data daceased last worked at this occupation (month and year) 11. Jotal time (years) 11. Occupation (ccupation)	
12. BIRTHPLACE (city or town) West Virginia, (State ar country)	Other Coutributory Causes of importanca:
	Maril
14. BIRTHPLACE (city or town) Pennsylvania,	Name of operation Data of
(Stata of Country)	What tast confirmed diagnosis? Was there an autopsy?
<b>T</b>	23. If death was due to external causas (VIOL ENCE) fill In also the following:
[State or country] 16. BIRTHPLACE (city or town) Pennsylvania,	Accident, suicida, or homicida? Data of Injury, 19
17. INFORMANT Commodore Hahefulf (Address) Friendsville, Md,	Whare did injury occur?(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Blooming Rose, Oate Mar /9 1936	Manner of injury
19. UNDERTAKER Sulfaruld (Address) Brandonville, W.Va.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO MAN. 18 , 1936 grannette Statlere. Registrat.	(Signad) Jage William M. D.  (Addrass) Assure for Mills Ma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of evilensy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 'A CHANGE 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

PHYSICIANS should state

5. Every item of infor-

stated EXACTLY. PHYSICIAMS stated of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	983
1. PLACE OF DEATH	(II a)	
County Control Darell	Registration Dist. No. 16	8
Village or City Freschus - md	NoSt	Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
Length of residence In city or town where death occurredyrsmos.		sds.
2. FULL NAME Charles Herbert W	cleon DIX-	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and the state of the stat	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH \. A	
male white OR DIVORCEO (write the word)	mouch 16 ch	, 193 6
5a. If married, widowed, or diverced	(Month) (Oay)	(Year)
HUSBAND OF Irene Wattenschaidt	22. I HEREBY CERTIFY, That I attended of	leceased from
6. DATE OF BIRTH (month, day, and year) were 20 -1900	I last saw h Lill alive on Much 15 th, 1936	; death Is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at // C/Jm.	
35 8 26 Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Sulesman	Lufluenz	9/1/3.6
9. Industry or business in which work was done, as SILK MILL, selling durp - SAW MILL, BANK, etc.		
11. Total time (years) spant in this occupation (most) and 19.34 spant in this 3.4w.		
12. BIRTHPLACE (city or town) - Frankling had (Stata or country)	Other Contributory Canses of importance:	3/5/36
14. BIRTHPLACE (city or town) Trossbrug. M.J.	Name of oparation Date of	
(State of Country)	What test confirmed diegnosis? Was thera an e	utopsy?
15. MAIDEN NAME CINCLE Crows	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME and Crowe  16. BIRTHPLACE (city or town) Troubling. hd  (State or country)	Accident, suicida, or homicide? Data of injury  Where did injury occur?	, 19
17. INFORMANT Ivor Ivilson (Address)	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Common Committees Date 3/19 19.36	Manner of injury	
1900	Nature of injury	
19. UNOERTAKER MV. C. Bullet Willest (Address)	24. Was disease or injury in eny way related to occupation of deceased?	10
20. FILED March 19036 Thanks Crows	(Signed) M. M. corrust	M. D.

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Cereurat nemorrnage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		- 2.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

as as		

V. S. No. 1

1	NEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	'ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
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	CERTIFICATE OF DEATH 2985
1. PLACE OF DEATH &	( 97)
County lawes	Registration Dist. No. 166
Village or City Oars Land med 1	No. St., Ward
Length of rasidence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME (Time Wood and	
(a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha word)	21. DATE OF DEATH Man 4 193 6
5e. If married, widowad, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Many Assumons Waarland	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year ware 10 1847	I last saw he alive on See 1, 193 6; death is sai
AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, atm.
00 7 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPFER, etc.	1
S. Industry or business in which	- / Verence
S. Industry or business in which work was done, as SILK MILL, was saying a SAW MILL, BANK, etc	as have the land
10. Date decessad lest worked at this occupation (month and spent in this	
year) occupetion	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Dete of
	What test confirmed diagnosis? Was there an autopsy?
404/0	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
W. Wrien	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Oar land ma	Specify whether allory occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL 7	Mannar of Injury
Pleca Day Muray Dala Cen- 6, 1926	Neture of injury
19. UNDERTAKER Chary Boldery	24. Was disease or injury in any way related to occupetion of dacaased?
(Address) Oakland, Ma	If so, spacify
3/1/ 3/ 7:1:- 7-	(Signed)
20. FILED 3/4 , 19 36 Julia Rowan Julia Rowarkegidrar.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Máy 1,1923	Gastroenteritis	1 year